

400 Garden City Plaza, Suite 300  
Garden City, New York 11530  
(516) 742-4343 - Telephone  
(516) 742-4366 - Facsimile  
e-mail: Intprop@ssmp.com

**SCULLY, SCOTT, MURPHY  
& PRESSER****Fax****RECEIVED  
CENTRAL FAX CENTER****OCT 12 2004**

<b>To:</b>	Examiner Khiem D. Nguyen	<b>From:</b>	Leslie S. Szivos
<b>Fax:</b>	703-872-9308	<b>Pages:</b>	12 pages including cover sheet
<b>Phone:</b>		<b>Date:</b>	10/12/2004
<b>Re:</b>	U.S. Serial No: 09/782,494 Group Art Unit: 2823 Confirmation No: 9921 Docket No: YOR920000745US1 (14029)	<b>CC:</b>	

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

**• Attached hereto:**

1. Certificate of Transmission by Facsimile
2. Amendment Transmittal Letter (in duplicate)
3. Response Under 37 C.F.R. §1.111
4. Authorization to charge deposit account

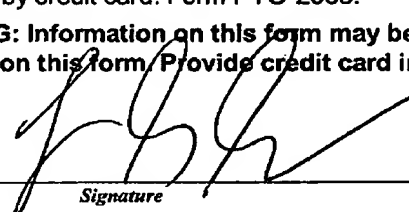
**BEST AVAILABLE COPY**

**CONFIDENTIALITY:** The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right or publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

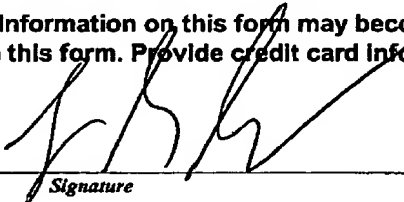
If you have any problems concerning this facsimile, please call (516) 742-4343 and ask for Grace Colucci at ext. 590 or via e-mail at gcolucci@ssmp.com..

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			<b>Docket No.</b> <b>YOR920000745US1 (14029)</b>	
<b>Applicant(s): Stephen L. Buchwalter, et al.</b>				
<b>Application No.</b> <b>09/782,494</b>	<b>Filing Date</b> <b>February 13, 2001</b>	<b>Examiner</b> <b>Khiem D. Nguyen</b>	<b>Group Art Unit</b> <b>2823</b>	
<b>Invention: BILAYER WAFER-LEVEL UNDERFILL</b>				
<b>Confirmation No.: 9921</b>				
<p>I hereby certify that this <u>RESPONSE UNDER 37 C.F.R. §1.111</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on <u>October 12, 2004</u> (Date)</p> <p style="text-align: right;"><u>Leslie S. Szivos</u> (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"><u>[Signature]</u> (Signature)</p>				
<p style="text-align: center;"><b>Note: Each paper must have its own certificate of mailing.</b></p>				

P18/REV02

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>YOR920000745US1 (14029)</b>	
Applicant(s): <b>Stephen L. Buchwalter, et al.</b>					
Application No. <b>09/782,494</b>	Filing Date <b>February 13, 2001</b>	Examiner <b>Khlem D. Nguyen</b>	Customer No. <b>23389</b>	Group Art Unit <b>2823</b>	Confirmation No. <b>9921</b>
Invention: <b>BILAYER WAFER-LEVEL UNDERFILL</b>					
<b><u>COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-0510/ibm</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>October 12, 2004</b>		
<b>Leslie S. Szivos</b> <b>Registration No. 39,394</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

P11LARGE/REV08

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b>	
Applicant(s): <b>Stephen L. Buchwalter, et al.</b>				<b>YOR920000745US1 (14029)</b>	
<b>Application No.</b> 09/782,494	<b>Filing Date</b> February 13, 2001	<b>Examiner</b> Khiem D. Nguyen	<b>Customer No.</b> 23389	<b>Group Art Unit</b> 2823	<b>Confirmation No.</b> 9921
Invention: <b>BILAYER WAFER-LEVEL UNDERFILL</b>					
<b><u>COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
TOTAL CLAIMS	22 -	32 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/ibm					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Signature			Dated: <b>October 12, 2004</b>		
Leslie S. Szivos Registration No. 39,394			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align:center">(Date)</p><p style="text-align:center">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					

P11LARGE/REV08

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**